PAYMENT:  Complete  Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 1/7/50	<i>U. S.</i>	T REIMBUR	SABLE								
To	Vorrahan mana	und at		ıreau, or establishment)				· ·	PA	ID BY	
To	v oucner prepa	rea at		(Give place and date)				-	S	·-/ )	
Contract No.   City   City   Contract No.   City   Contract No.   City   Contract No.   City   Cit	THE UNITED ST	TATES, Dr.,	Payee	's Account No					ned	8	7
Contract No.   Cont	To								PD- 0.	190-59	
No. and Date of Delivery or Service    ARTICLES OR SERVICES   ARTICLES OF SERVICES			(1	Payco)		•	*	·   L	COPY	/ OF 2	7
Discount Terms    Cost   Per   Dollars   Per   Dollars		bA)				ate)		_			
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total   \$2.76  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   (Payee must NOT use this space)   Differences   (Payee must NOT use this space)   (Payee must NOT	No. and Date of		AF (Enter description, i	TICLES OR SERVICES	or Federal su	pply	OHANTITY	UNIT	PRICE	AMOUN	1T
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date   1/7/50   Amount verified; correct for   2/26  Per   Title   (Signature or initials)  Contract No. Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$   (Authorised Certifying Officer)  By   ORIGINAL ONLY   Title   Date   Date	Order	Or Service		ther information deem	d necessary)		VOANTITI	Cost	Per	Dollars	Cte
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  Certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   1/7/50   Amount verified; correct for   Cignature or initials    Per			Costs							\$2	76
Complete Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is correct and just and that payment has not been received.  (Sign orlginal only)  Date 1/7/50  Per										Ψ-	
Complete Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title Date Req. No. Date Invoice Rec'd.  Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$ Title ONLY  Date ONLY  Title Date Date Title ONLY  Title Date Title Date Title Title Date Title Title Date Title Title Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form											İ
Complete Partial	İ										
Complete   Partial     Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date   1/7/50     Amount verified; correct for   2/96  Per   Title   Contract No. Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$   1   (Authorized Certifying Officer)  SIGN ORIGINAL ONLY  Title   Date											
Partial Final Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is certect and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title (Signature or initials)  Amount verified; correct for (Signature or initials)  Final Use continuation sheet(s) if necessary  Differences (Payee must NOT use this space)  Differences (Signature or initials)  Amount verified; correct for (Signature or initials)  Final Use continuation sheet(s) if necessary  Date 1/7/50  Date Req. No. Date Invoice Rec'd.  Title ONLY  Title Date Title ONLY  Title Date Title ONLY  Title Date Title ONLY  Title Date Title ONLY  Title Date Title ONLY	PAYMENT:										
Partial Final Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title (Signature or initials)  Amount verified; correct for (Signature or initials)  Title No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Complete										
Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title (Signature or initials)  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$											
Shipped from to Weight Government B/L No. Total \$2.76  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title (Signature or initials)  Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$ (Authorized Certifying Officer)  SIGN ORIGINAL ONLY  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Final 🔲		Ha	at an at the age of						~	
I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 1/7/50  Per Title Signature or initials)  Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN ORIGINAL ONLY  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Shipped from					/I NI.			PT . 1	4.0	-
Differences  (Sign original only)  Date							e must NOT	use this	space)	\$2	-176
Per	r certify that the ab	ove bili is correct	and just and that payme	nt has not been received							
Per			(Sign orlginal only)		!	Duteren	.66				-
Per Title (Signature or initials)  Amount verified; correct for 20  Contract No.	- /- /										-
Per	Date	2 45								4	
Per			quired when a like o	ertificate is mads by payee on attach	od bill or bille)					0 2	26
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$			Title								
Approved for \$	Contract No.	101	Date	Reg. No.		D	ate	l r	voice Rec'o	i.	
†	Pursuant to authority	y vested in me, I	certify that this account	is correct and proper for	payment.		_				
SIGN ORIGINAL ONLY  Title  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM				• •							
ORIGINAL ONLY  Title	1 inplicated for 4 :			CICN	T		(Authorize	d Certifyin	g Officer)		·
Title	Ву	=		ORIGINAL	Title						
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM				ONLY							
	Γitle				Date			~= ~= ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		THE REVERSE OF TH	IS FORM MUST BE EXECUTED WI	IEN PURCHASES ARE MADE OF							
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)											
		ACCOUN	TING CLASSIFICATION	(Appropriation Symbo	must be show	vn; othe	r classificatio	on option	ıl)		
				<b>*</b> ;							
				1.4							
			IO OI PIM	OT NHO				•			
IO:01 MA BINAL				40. 4							
	Paid by Check No.		dated	, 19 <sub></sub> , for	\$			on lreas	urer of the U	nited States in fa	vor of

